

Motion and Affidavit for Permission to Appeal In Forma Pauperis

v.

Appeal No. 07-6088
 District Court or Agency No. JFM-02-4213
U.S. DIST. CT. at BALTIMORE

Affidavit in Support of Motion	Instructions
<p>I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)</p> <p>Signed: <u>Whitney Ginnato</u></p>	<p>Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.</p> <p>Date: <u>February 09, 2007</u></p>

My issues on appeal are: SEE ATTACHED TYPEWRITTEN SHEETS

I. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>0</u>	\$ <u>NA</u>	\$ <u>0</u>	\$ <u>NA</u>
Self-employment	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Income from real property (such as rental income)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Interest and dividends	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Gifts	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Alimony	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____

Child support	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Unemployment payments	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Public-assistance (such as welfare)	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Other (specify): _____	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____
Total monthly income:	\$ <u>0</u>	\$ _____	\$ <u>0</u>	\$ _____

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
<u>Not employed</u>	_____	_____	<u>- 0 -</u>
_____	_____	_____	_____
_____	_____	_____	_____

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
<u>N/A</u>	_____	_____	<u>- 0 -</u>
_____	_____	_____	_____
_____	_____	_____	_____

4. How much cash do you and your spouse have? \$ - 0 -

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
<u>NONE</u>	_____	\$ <u>- 0 -</u>	\$ <u>N/A</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

SEE ATTACHED SHEET FROM INSTITUTIONAL OFFICER

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

NONE

Home (Value)	Other real estate (Value)	Motor vehicle #1 (Value)
<u>NONE</u>	<u>NONE</u>	Make & year: <u>NONE</u>
		Model: _____
		Registration #: _____
Motor vehicle #2 (Value)	Other assets (Value)	Other assets (Value)
Make & year: <u>NONE</u>	<u>NONE</u>	<u>NONE</u>
Model: _____		
Registration #: _____		

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
<u>NONE</u>	<u>NONE</u>	<u>N/A</u>
_____	_____	_____
_____	_____	_____

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
<u>NONE</u>	_____	_____
_____	_____	_____
_____	_____	_____

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	<u>\$ 0-</u>	<u>\$ N/A</u>
Are real-estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	<u>\$ 0-</u>	\$ _____
Home maintenance (repairs and upkeep)	<u>\$ 0-</u>	\$ _____
Food	<u>\$ 0-</u>	\$ _____
Clothing	<u>\$ 0-</u>	\$ _____

Laundry and dry-cleaning	\$ <u>-0-</u>	\$ <u>NA</u>
Medical and dental expenses	\$ <u>-0-</u>	\$ _____
Transportation (not including motor vehicle payments)	\$ <u>-0-</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>-0-</u>	\$ _____
Insurance (not deducted from wages or included in Mortgage payments)	\$ <u>-0-</u>	\$ _____
Homeowner's or renter's	\$ <u>-0-</u>	\$ _____
Life	\$ <u>-0-</u>	\$ _____
Health	\$ <u>-0-</u>	\$ _____
Motor Vehicle	\$ <u>-0-</u>	\$ _____
Other: _____	\$ <u>-0-</u>	\$ _____
Taxes (not deducted from wages or included in Mortgage payments) (specify): _____	\$ <u>-0-</u>	\$ _____
Installment payments		
Motor Vehicle	\$ <u>-0-</u>	\$ _____
Credit card (name): _____	\$ <u>-0-</u>	\$ _____
Department Store (name): _____	\$ <u>-0-</u>	\$ _____
Other: _____	\$ <u>-0-</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>-0-</u>	\$ _____
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>-0-</u>	\$ _____
Other (specify): _____	\$ <u>-0-</u>	\$ _____
Total monthly expenses:	\$ <u>-0-</u>	\$ _____

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes ☒ No

If yes, describe on an attached sheet.

10. Have you paid — or will you be paying — an attorney any money for services in connection with this case, including the completion of this form? ☐ Yes ☒ No

If yes, how much? \$ _____

If yes, state the attorney's name, address, and telephone number:

11. Have you paid — or will you be paying — anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form? ☐ Yes ☒ No

If yes, how much? \$ _____

If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

I am an inmate and have no means of making money other than my sanitation job of .90¢ per day.

INMATE BANKING SYSTEM
6 MONTHS INMATE ACCOUNT ANALYSIS

DATE: 02/07/2007

INSTITUTION: WCI SSNO: 000-00-0000
DOC#: 272280 NAME: SPINNATO SALVATORE P

MONTH	YEAR	RECEIPT AMOUNT	ACCOUNT BALANCE
JANUARY	2007	18.90	110.90
DECEMBER	2006	169.80	170.00
NOVEMBER	2006	70.70	100.00
OCTOBER	2006	68.00	100.00
SEPTEMBER	2006	20.70	100.00
AUGUST	2006	68.90	125.00
TOTAL:		417.00	
6 MONTHS AVERAGE:		69.50	117.65
INITIAL PARTIAL FILING FEE:			23.53

PRINT SCREEN - PRESS PF2

MAIN MENU=PF5 RCPTS=PF7 DISBURS=PF8 XREF=PF9 ACCT MENU=PF10 CLEAR=SIGN OFF
NO PRINTER ASSOCIATED WITH YOUR TERMINAL. CALL HQTRS

Rg. 07-6688 SPINNATO V. SALVATO

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